Under the Paperwork Reduction	n Act of 1995	no nersons are required	d to respond	to a collection of info	rmation unles	s it displays a v	alid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).			181			if Known		
			Ann	lication Number	10/581,19	?	Conf. No.: 3561	
		NSMITTAL		Fiting Date Ju		106		
For FY 2009			First	First Named Inventor Not		buki MATSUI		
Applicant claims small entity status. See 37 CFR 1.27			Exa	miner Name	M. JONES			
Applicant Grams strate entry status. 368 37 OFA 1.27			Art I	Jnit	3744			
TOTAL AMOUNT OF PAYMENT (\$) 160.00		Aito	Attorney Docket No. 4633-		PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identity):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING F Sr	EES S <u>nail Entity</u>	EARCH P	EES EXA all Entity	10ITANIM. Ilam2	i rees <u>Entity</u>		
Application Type	Fee (\$)			ee (\$) Fe		(\$)	Fees Paid (\$)	
Utility	330	165 5	540	270 22	10 11	0		
Design	220	110 1	00	50 14	10 7	0		
Plant	220	110 3	30	165 17	70 8	3		
Reissue	330	165 5	340	270 65	50 32	.5	*********	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Fee (8) Fee (8) Each claim over 20 (including Reissues) 52 26								
and a second of the factor of							110	
Multiple dependent claims 390							195	
<u>Total Claims</u> - 20 or HP =	Total Claims			1 §1		Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total		, if greater than 20.	0.00	******	Ş	<u> </u>	1.667.634.191	
	Extra Claim		Fee Pald	(<u>\$)</u>	****	***************************************	***************************************	
- 3 or HP = HP = highest number of indepo	undent claims	x paid for, if greater than	<u> </u>	****				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 56 or fraction thereof Fee (\$) Fee Paid (\$)								
							≈ 0.00	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
							189.00	
Signature Registration No. 40439 Telephone 703-205-8000 (Attorney/Agent)								
The state of the s								
Vame (Print/)(No.) D. Richard Anderson						Date May 24, 2010		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gastiering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.